Thank you for volunteering your time as a preceptor in the University of Colorado College of Nursing. Your direction and leadership is an integral part of our student’s training and development into a leader in the nursing field. We appreciate your participation and welcome you into our University of Colorado College of Nursing community.

AG-PCNP students complete 12 credits of clinical, which equals 630 contact hours. Clinical experiences are usually completed in 3 credit blocks. The success of clinical training of students depends on maintaining good communication among the student, the program, the preceptors, and the clinical faculty. The program strives to maintain open faculty-colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor.

By the end of the program, AG-PCNP students will be able to:

- Implement caring and competent nursing practice with individuals, families and communities based on understanding the human experiences of health, illness and healing.
- Integrate the ethical use of technology and information systems to augment the human capacity for health, facilitate decision-making, support collaboration and foster communication.
- Promote health of local to global communities through promoting safe environments and safe and effective health care addressing the interaction among individuals, communities and their environmental contexts.
- Manage care to achieve quality, cost-effective and ethical outcomes in the delivery of health care for individuals, families and populations.
- Engage in leadership to promote social justice related to access, quality and socio-cultural acceptability of health care through relationship-centered caring, advocacy and empowerment.
- Negotiate and adapt the delivery and management of health care and health care systems for diverse populations and environments.
- Practice relationship-centered caring through self-awareness, by developing and maintaining respectful relationships, communicating effectively and integrating the influence of the human experience of health, illness and healing.
- Practice nursing reflectively, guided by theory, based on best evidence and integrating creative and critical thinking.
- Participate in generating and testing knowledge regarding nursing, health care and reflective caring practice.
- Actively engage in self-directed learning to maintain state of the art nursing practice and to facilitate the education of future practitioners, paraprofessionals and healthy communities.

InPlace is the electronic system for the University of Colorado College of Nursing students to record clinical encounters.

- Students will be logging information into InPlace regarding patient demographics, chief complaints, CPT and ICD-9 or ICD-10 codes, procedures, etc.
• The data obtained is in compliance with HINPA and no patient-specific identifying information will be entered. InPlace adheres to all HINPA regulations.
• This data is used to provide documentation of adherence with our accreditation standards as well as provide a synopsis of what was experienced during the clinical rotation.
• InPlace is an interactive program that also allows you, as a preceptor, to become a more integral and involved part of the NP program.

You will be expected to provide feedback on the student’s developmental progress and attendance. Upon the completion of your rotation, you will be sent a link to an evaluation page. Please complete the evaluation at your earliest convenience. The preceptor’s evaluation of the student is tremendously important. On required rotations (i.e., core rotations required by the institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed “not passing,” the student may be requested to repeat the rotation or undergo procedures specified by the program. **The program faculty ultimately makes the final grade for a clinical rotation and the decision to pass or fail a student.** The program will designate how often evaluations need to be completed. Please contact the clinical faculty for specific evaluation forms and policies, in accordance with the student handbook.

<table>
<thead>
<tr>
<th>Professional Role</th>
<th>Course Description</th>
<th>Student Competencies</th>
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<tbody>
<tr>
<td><strong>NURS 5971</strong> Novice</td>
<td>A clinical course that focuses on beginning-level competencies in the novice Advanced Practice role in a selected population; 10 outcomes are assessed.</td>
<td>1. Patient interviews, history-taking, physical examination and written communication. 2. Heavy reliance on preceptor; needs explicit, clear instructions 3. Decision-making is slow, rigid, and halted, governed by rules 4. By end of semester, should demonstrate foundational clinical skills.</td>
</tr>
<tr>
<td><strong>NURS 5972</strong> Advanced Beginner</td>
<td>A clinical course that allows students to refine competencies as an advanced-beginner Advanced Practitioner (NP) in a selected population; students must have completed Health Promotion and concurrent be taking Diagnosis and Management I course. 19 outcomes are assessed.</td>
<td>1. Increased emphasis on communication, assessment, differential diagnosis, and therapeutic plan development. 2. Decreased reliance on preceptor; performance becomes marginally acceptable. 3. May feel overwhelmed and frustrated, attention global. 4. By end of semester, demonstrates growth toward assuming role of NP.</td>
</tr>
<tr>
<td><strong>NURS 5973</strong> Competent</td>
<td>A clinical course that allows students to practice and refine higher-level competencies in the competent Advanced Practice role for a select population; students will complete Diagnosis and Management II during 5973. 23 outcomes are assessed.</td>
<td>1. Increasing abilities in the presentation of clinical findings, differential diagnosis, and therapeutic plan to the preceptor. 2. Less reliance on preceptor; accepts more individual accountability but may lack self-confidence. 3. May have issues with time utilization. 4. By end of semester, is able to demonstrate role of NP in advanced-clinical skills.</td>
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<tr>
<td><strong>NURS 5974</strong> Proficient</td>
<td>A clinical course that allows students to refine higher-level competencies in a more-autonomous, proficient Advanced Practice role; students will have completed women’s health and geriatrics curriculum. 24 competencies will be assessed.</td>
<td>1. Recognition of critical aspects of a situation, patterning care, easier decision-making, views from holistic perspective. 2. Preceptor oversight primarily for validation of competency and ensuring patient safety. 3. By end of semester, is able to demonstrate role of NP through competence and management skills.</td>
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<tr>
<td>Faculty and School Responsibilities</td>
<td>Student Responsibilities</td>
<td>Preceptor Responsibilities</td>
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<tr>
<td>Negotiates clinical affiliation agreements with the clinical agency</td>
<td>Develops individual learning objectives for the clinical experience</td>
<td>As applicable, maintains certification as advanced practice nurse or physician’s assistant</td>
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<tr>
<td>Validates completion of student health requirement, liability insurance, licensure, and CPR certification</td>
<td>Completes all clinical and course assignments</td>
<td>Negotiates dates and times for student clinical experience and is present or arranges for a qualified substitute</td>
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<tr>
<td>Clarifies expectations of the preceptor</td>
<td>Meets with the preceptor prior to clinical experience to discuss details and logistics of the clinical experience</td>
<td>Reviews objectives for clinical experience and determines feasibility of meeting them</td>
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<tr>
<td>Is available to preceptor for questions, problems, and concerns that may come up during the clinical experience</td>
<td>Is prepared and punctual in the clinical area on scheduled days and times</td>
<td>Assists students in meeting and modifying clinical-learning objectives of the clinical experience</td>
</tr>
<tr>
<td>Provides feedback to both the students and the preceptor</td>
<td>Schedules any make-up time at the convenience of the preceptor after notifying faculty and preceptor of schedule changes</td>
<td>Serves as a host, sponsor, teacher, and role model for student at clinical site</td>
</tr>
<tr>
<td>Organizes computer training and agency paperwork as necessary</td>
<td>Participates in ongoing evaluations of self, preceptor, and faculty</td>
<td>Orient student to clinical agency</td>
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<td></td>
<td>Maintains client confidentiality</td>
<td>Selects, with student, clinical experiences appropriate to objectives</td>
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<tr>
<td></td>
<td>Maintains liability insurance, RN licensure, CPR certification, and completes all health requirements</td>
<td>Intervenes where appropriate to manage situations beyond the student’s ability</td>
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<td></td>
<td>Evaluates student’s care while providing immediate feedback and co-signing all charts</td>
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<td>Contacts faculty if there are problems with student</td>
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<td></td>
<td></td>
<td>Evaluates the student verbally and in writing</td>
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<td></td>
<td></td>
<td>Meets with student and faculty members prior to the clinical experience</td>
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The UCD CON Graduate Program Learning Outcomes are based on the American Association of Colleges of Nursing (AACN) essentials (2011) and the National Organization of Nurse Practitioner Faculties (NONPF) Nurse Practitioner Core Competencies (2012). The AACN Essentials delineate the knowledge and skills that all nurses prepared in master’s nursing programs acquire. These Essentials guide the preparation of graduates for diverse areas of practice in any healthcare setting.

**Essential I: Background for Practice from Sciences and Humanities**
Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.

**Essential II: Organizational and Systems Leadership**
Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision-making, effective working relationships, and a systems-perspective.

**Essential III: Quality Improvement and Safety**
Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

**Essential IV: Translating and Integrating Scholarship into Practice**
Recognizes that the master’s-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

**Essential V: Informatics and Healthcare Technologies**
Recognizes that the master’s-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.

**Essential VI: Health Policy and Advocacy**
Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.

**Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes**
Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

**Essential VIII: Clinical Prevention and Population Health for Improving Health**
Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

**Essential IX: Master’s-Level Nursing Practice**
Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.
### Sample Nurse Practitioner Competency Evaluation

Student Name____________________ Specialty Option _______ Number of Clinical Hours Completed ______Semester/Year ______

#### Key

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<tbody>
<tr>
<td>1</td>
<td>Below expected level.</td>
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<tr>
<td>2</td>
<td>At expected level.</td>
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<tr>
<td>3</td>
<td>Above expected level.</td>
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<tr>
<td>NA</td>
<td>Not applicable to the site or not assessed.</td>
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#### Skill

**A) Knowledge and Integration of Skills**

1. **Knowledge of Anatomy & Pathophysiology**
   Consistently integrates findings of anatomy and pathophysiology into differential diagnosis and care management.

2. **Physical Exam (PE) Techniques & Skills**
   Demonstrates knowledge and beginning application of advanced exam skills and techniques. Students may require some assistance with refining techniques and the use of appropriate diagnostic equipment.

3. **Uses Clinical Guidelines**
   Consistently identifies and incorporates clinical guidelines to create theory driven and evidence-based plan of care for pediatric patients and families.

4. **Evidence-Based Practice**
   Consistently identifies and utilizes appropriate resources to support decision-making.

**B) Communication Skills**

5. **Interview Skills**
   Uses comprehensive, problem-focused, respectful, and culturally sensitive interview skills to obtain organized patient-specific data.

6. **Professional Behaviors**
   Works respectfully, professionally and collaboratively with agency’s health care toward patient and family care goals.

7. **Case Presentation**
   Presents patient encounter to preceptor and other professionals in an organized, systematic format, and include all pertinent data. At this stage, students need to demonstrate the ability to clearly and accurately differentiates subjective and objective data, and include differential diagnosis formation.

8. **Written Communication**
   Document patient encounters according to agency format. At this level, students should be able to independently complete this skill. Evaluation focuses on skill in documentation that clearly and accurately differentiates subjective and objective data, identifies diagnosis and contains detailed treatment plan. Documentation of care meets legal and ethical guidelines.
### C) Assessment Skills

| 9  | History Taking | Obtains health history relevant to clinical situation. At this level, evaluation outcomes include: ability to gather adequate data to appropriately assess patient situation, ability to target and focus on pertinent elements, and the use of a systematic and organized manner to the encounter. |
| 10 | Psychosocial & Developmental Assessment | Collect and assesses relevant psychosocial & developmental health data as relevant to the patient encounter. Begins to incorporate these elements into treatment plan and counseling. |
| 11 | Diagnostic & Laboratory Data | Identifies and orders supportive diagnostic/lab evaluations, and develops appropriate treatment plans around interpretation of diagnostic & laboratory testing data. Students are able to present logical rational for testing and treatments based on screening standards, pathology, or treatment guidelines. |

### D) Critical Thinking and Intervention Skills

| 12 | Diagnostic Reasoning Skills | Demonstrates advanced reasoning skills, problem-solving skills & critical thinking skills in formulating differential diagnose and treatment plans: including the ability to synthesize, prioritize data to formulate the list of differential diagnoses. At this level, students are encouraged to demonstrate this skill by discussing potential differential diagnoses and then elaborating on the reasons to either select or reject the potential diagnosis, and rationale for selected treatment options. |
| 13 | Therapeutic Plan | With limited to no assistance, student is able to formulate treatment/management plan. At this level, outcome evaluation focus on the ability to develop a complete plan of care that is patient centered, comprehensive, culturally sensitive, theory-guide, evidenced-based with attention to diagnostic, treatment and pharmacotherapeutics, with educational interventions appropriate for the patient. |
| 14 | Adaptation of Therapeutic Plan | Adapts the therapeutic plan, in a timely manner according to the patient's response to therapy. |

### E) Humanistic, Caring, and Relationship Skills

| 15 | Views Patient as Holistic Being | Respects social and cultural context of patient's health care. |
| 16 | Interaction with Patient, Family, & Community | Identifies issues of concern for patient, family and community. |
| 17 | Patient and Family Advocate | Serves as patient and family advocate. |
### F) Management Skills

<table>
<thead>
<tr>
<th></th>
<th>Case Management</th>
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<tbody>
<tr>
<td>18</td>
<td>Coordinates care for complex patients—including patients on multiple medications, multiple conditions or social situations. Care management may include coordination with other health professionals.</td>
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<table>
<thead>
<tr>
<th></th>
<th>Cost Issues</th>
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<tbody>
<tr>
<td>19</td>
<td>Considers cost issues in care delivery, and utilizes cost, efficacy/evidence-based findings and patient’s ability to engage in care as factors in care management.</td>
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<tr>
<th></th>
<th>Time Utilization</th>
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<tbody>
<tr>
<td>20</td>
<td>Utilizes time efficiently and effectively. At this level, outcome competency is evaluated on ability to manage simple care issues in 20 min, complex patients in 3-40 min. Anticipate ability to carry 85-90% of preceptor caseload in a primary care setting.</td>
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### G) Teaching Skills

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<thead>
<tr>
<th></th>
<th>Health Promotion and Preventive Care</th>
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<tbody>
<tr>
<td>21</td>
<td>Integrates health promotion and disease prevention into plan of care.</td>
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<tr>
<th></th>
<th>Health Teaching</th>
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<tbody>
<tr>
<td>22</td>
<td>Provides patient education that is evidence-based and appropriate to the patient and family situation.</td>
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### H) Ethics and Leadership

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<thead>
<tr>
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<th>Ethical Practice</th>
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<tbody>
<tr>
<td>23</td>
<td>Applies ethical standards to the patient’s care according to the nursing code of ethics considering patient’s race, culture, language, literacy, gender, sexual orientation, and disability status</td>
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<tr>
<th></th>
<th>Adult Geriatric Nurse Practitioner Role</th>
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<tbody>
<tr>
<td>24</td>
<td>Student assumes APN role though demonstrated responsibility for establishing diagnosis, formulating treatment options, collaborating with other professionals as appropriate and professionalism in the clinical setting. At this stage, students should require LIMITED to NO assistance in differential diagnosis and plan formation.</td>
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### Rate the Student’s Overall Clinical Performance.

When comparing this student to other students you have worked with who are at this level of education, please place a line at the appropriate point on the scale that reflects this student's performance.

<table>
<thead>
<tr>
<th>Outstanding</th>
<th>Passing</th>
<th>Failing</th>
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<tr>
<th>Student Strengths</th>
<th>Student Challenges</th>
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